



# Kina Gbezhgomi Child and Family Services Volunteer Driver Application Form

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Contact: \_\_\_\_\_ Email: \_\_\_\_\_

***Driver's License and Insurance Information:***

Licence Class (Minimum Class G): \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Number of years of driving: \_\_\_\_\_

List License Limitations: \_\_\_\_\_

**Automobile Insurance Information:**

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Limit for Bodily Injury: \_\_\_\_\_

Limit for Property Damage: \_\_\_\_\_

Ontario Policy Change Form (OPCF): \_\_\_\_\_

***If you answer yes to any of the questions below, please explain in the space provided:***

1. Have you ever been refused automobile insurance? YES NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Has your license ever been suspended, revoked, or cancelled? YES NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been denied a license to operate a vehicle? YES NO

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4. Have you ever been convicted of a criminal offence involving operation of a vehicle, fraud, violence, abuse, weapons, alcohol or drugs? YES NO

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5. What type of vehicle will you drive in this volunteer work? (Include Year, Make, Model of vehicle)

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6. Have you ever attended a safety driving course? If yes, who delivered the course and who sponsored the program? YES NO

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7. Do you have First Aid, CPR, or medical emergency training? If yes, when and who sponsored the program? YES NO

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8. Approximately how many kilometers have you driven per year over the past five years?

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9. Have you ever been involved in a traffic accident in the past five years? If yes, please provide the approximate date, the nature of the accident(s), whether you were at fault of the charged accident, and whether anyone was injured or killed.

YES NO

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10. Are you aware of any health conditions that may affect your vision, hearing, perception, reflexes, flexibility, or judgement? If yes, please describe.

YES NO

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11. Are you physically and emotionally capable of meeting our client's needs?

YES NO

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12. Please provide three (3) references who are familiar with your driving ability and skill.

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*I give the Kina Gbezhgomi Child and Family Services permission to collect information regarding my qualifications, relevant to the position of volunteer driver and to update this information as needed. I hereby certify that the above information is true and complete.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Name/Signature (Print Name/Sign):** \_\_\_\_\_

**\* Note: Please attached copy of Driver's License, Driver's Abstract, and Insurance Slip.**